# Barcode size and layout requirements

The barcode should be Normal PDF417 style with no more then 13 columns ( 2 for header, 2 for footer and 9 for data).

| Field ID | RI Form Line Ref | Field Name | Max Size | Type | Edit and Instructions |
|---|---|---|---|---|---|
| **Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout** |
| **Updated 11/29/07** |
|  |  | HEADER SECTION |  |  |  |
| 1 |  | Code and Header Version | 2 | AN | value =T1 |
| 2 |  | Developer Code | 4 | N | assigned by NACTP |
| 3 |  | Software/form version | 4 | N | incremented if items included in barcode are changed, default ="0001" |
|  |  | RI-1040 INFORMATION |  |  |  |
| 4 |  | Tax Year | 4 | N | 2007 |
| 5 |  | Form Type | 7 | AN | RI1040R |
| 6 |  | Primary last name, no suffix | 20 | AN |  |
| 7 |  | Primary First Name | 14 | AN |  |
| 8 |  | Primary MI | 1 | AN |  |
| 9 |  | Primary SSN | 9 | N | ######### |
| 10 |  | Spouse Last Name | 20 | AN |  |
| 11 |  | Spouse First Name | 14 | AN |  |
| 12 |  | Spouse MI | 1 | AN |  |
| 13 |  | Spouse SSN | 9 | N | ######### |
| 14 |  | Address | 35 | AN | number, street, RR, or PO Box |
| 15 |  | City or Town | 21 | AN |  |
| 16 |  | State | 2 | AN |  |
| 17 |  | Zip + 4 | 9 | AN | left justify |
| 18 |  | Home Phone | 10 | N |  |
| 19 |  | City or Town of Legal Residence | 21 | AN |  |
| 20 |  | Electoral System Contribution **YES** | 1 | A | X if box checked, blank if not marked |
| 21 |  | Electoral Party specified | 12 | A |  |
| 22 |  | Single | 1 | A | X if box checked, blank if not marked |
| 23 |  | Married Joint | 1 | A | X if box checked, blank if not marked |
| 24 |  | Married Separate | 1 | A | X if box checked, blank if not marked |
| 25 |  | Head of Household | 1 | A | X if box checked, blank if not marked |
| 26 |  | Qualifying Widow(er) | 1 | A | X if box checked, blank if not marked |
| 27 |  | RI Deduction Schedule | 1 | A | X if box checked, blank if not marked |
| 28 | 1 | Federal Adjusted Gross Income | 9 | N |  |
| 29 | 2 | Net Modifications | 9 | N |  |
| 30 | 4 | Federal deductions | 9 | N |  |
| 31 | 6 | Federal Exemption amount | 9 | N |  |
| 32 | 6 | Number of exemptions | 2 | N |  |
| 33 | 8 | Tax Table | 1 | A | X if box checked, blank if not marked |
| 34 | 8 | RI Schedule CGW | 1 | A | X if box checked, blank if not marked |
| 35 | 8 | RI Schedule D | 1 | A | X if box checked, blank if not marked |
| 36 | 8 | RI Schedule J | 1 | A | X if box checked, blank if not marked |
| 37 | 8 | RI-8615 | 1 | A | X if box checked, blank if not marked |

# Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| 38 | 8A | RI Tax Amount | 9 | N | |
|----|------|---------------|---|---|---|
| 39 | 8B | Other RI Taxes | 9 | N | |
| 40 | 9 | RI Alt-Min Tax | 9 | N | |
| 41 | 11A | Federal Credits Allowable | 9 | N | |
| 42 | 13 | RI tax after allowable  credits | 9 | N | |
| 43 | *14* | *Alternative Flat Tax* | *9* | *N* | |
| 44 | *15* | *Alternative Flat Tax - Check box* | *1* | *A* | *X if box checked, blank if not marked* |
| 45 | *15* | *Rhode Island Tax* | *9* | *N* | |
| 46 | 11B | Other credit form number | 4 | AN | |
| 47 | 11B | Other Credit Amount | 9 | N | |
| 48 | 11B | Other credit form number | 4 | AN | |
| 49 | 11B | Other Credit Amount | 9 | N | |
| 50 | 11B | Other credit form number | 4 | AN | |
| 51 | 11B | Other Credit Amount | 9 | N | |
| 52 | 11B | Other credit form number | 4 | AN | |
| 53 | 11B | Other Credit Amount | 9 | N | |
| 54 | 11C | Credit for Income Tax Paid to Other State | 9 | N | |
| 55 | 17 | RI Sales & Use Tax | 9 | N | |
| 56 | | **NULL** | | | |
| 57 | | **NULL** | | | |
| 58 | | **NULL** | | | |
| 59 | | **NULL** | | | |
| 60 | 16 | RI Checkoff Contributions | 9 | N | |
| 61 | 18A | RI Income Tax Withheld | 9 | N | |
| 62 | 18B | Estimated from 1040ES & carryover | 9 | N | |
| 63 | | Extension attached indicator | 1 | AN | X if box checked, blank if not marked |
| 64 | 18C | Property Tax relief | 9 | N | |
| 65 | | **NULL** | | | |
| 66 | | **NULL** | | | |
| 67 | 18D | RI Earned Income Credit | 9 | N | |
| 68 | 18E | RI Residential Lead Paint Credit | 9 | N | |
| 69 | 18F | Other payments | 9 | N | |
| 70 | 19 | 2210 amount | 9 | N | |
| 71 | 19 | Balance Due | 9 | N | |
| 72 | 20 | Overpayment | 9 | N | |
| 73 | 21 | Refund amount | 9 | N | |
| 74 | 22 | Carry over to 2008 | 9 | N | |
| | | **RI Schedule I** | | | |
| 75 | | Growth Act Modifications | 1 | AN | X if box checked, blank if not marked |
| 76 | 23C | Total Increasing modifications | 9 | N | |
| 77 | 24C | Total Downward modifications | 9 | N | Should be Negative Number |

## Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | RI Schedule II | | | |
|---|---|---|---|---|---|
| 78 | 27 | Foreign Tax Credit | 9 | N | |
| 79 | 28 | Child & Dependent Care Credit | 9 | N | |
| 80 | 29 | Credit for the Elderly | 9 | N | |
| 81 | 30 | Mortgage interest Credit | 9 | N | |
| 82 | 31A | Federal Adoption Credit | 9 | N | |
| 83 | 31B | Other Federal Credits | 9 | N | |
| | | RI Schedule EIC / RI Schedule III | | | |
| 84 | 43 | Federal EIC | 9 | N | |
| 85 | 36 | AGI from other State | 9 | N | |
| 86 | 40 | Name of other state | 2 | AN | |
| 87 | 40 | amount of tax paid to other state | 9 | N | |
| 88 | 41 | Maximum Credit | 9 | N | |
| 89 | 49 | RI Refundable earned income credit | 9 | N | |
| | | RI Schedule IV | | | |
| 90 | 1 | Drug Program account | 9 | N | |
| 91 | 2 | Olympic Contributions | 1 | A | X if box checked, blank if not marked |
| 92 | 3 | Organ Transplant | 9 | N | |
| 93 | 4 | Council on the Arts | 9 | N | |
| 94 | 5 | Non-Game wildlife | 9 | N | |
| 95 | 6 | Childhood Disease Victims Fund | 9 | N | |
| 96 | 7 | Military Family Relief Fund | 9 | N | |
| 97 | sigmature area | Forms needed next year | 1 | A | X if box checked, blank if not marked |
| 98 | sigmature area | Division Contact Preparer   Yes | 1 | A | X if box checked, blank if not marked |
| 99 | sigmature area | Preparer SSN, PTIN or EIN | 9 | AN | left justify, no hyphens |
| | | RI Schedule Capital Gain Worksheet | | | |
| 100 | 2 | amount of capital gains form Federal form 1040 | 9 | N | |
| 101 | 4 | tax on the amount on line 3 | 9 | N | |
| | | RI Schedule D | | | |
| 102 | 7 | Net Short-Term Capital Gain or (Loss) | 9 | N | |
| 103 | 15 | Combine lines  8 through 14 in column (g) | 9 | N | |
| 104 | 16 | Net Long-Term Capital Gain or (Loss) | 9 | N | |
| 105 | 17 | Combine Lines 7 and 16 | 9 | N | |
| 106 | 18 column (f) | Federal 28% gain | 9 | N | |
| 107 | 18 column (g) | Federal 28% gain Qualified 5 yr | 9 | N | |
| 108 | 19 column (f) | Federal 1250 gain | 9 | N | |
| 109 | 19 column (g) | Federal 1250 gain Qualified 5 yr | 9 | N | |
| 110 | 20 | Federal Form 4952 | 9 | N | |
| | | RI Schedule OT / RI 8615 | | | |
| 111 | 9 | Tax on lump-sum distributions | 9 | N | |
| 112 | 10 | Form 8814 line 15 | 9 | N | |
| 113 | 15 | Form 8615 line 18 from Federal | 9 | N | |
| 114 | 11 | Recapture of federal credits | 9 | N | |

# Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | RI Alternative Minium Tax | | | |
|---|---|---|---|---|---|
| 115 | 1 | Form 6251 line 28 | 9 | N | |
| 116 | 2 | Exemption | 9 | N | |
| 117 | 5 | Alt-Min foreign tax credit (federal 6251 line 32) | 9 | N | |
| 118 | 14 | RI Alt-Min Tax | 9 | N | |
| 119 | 16 | Amt from RI Sch D WORKSHEET line 9 | 9 | N | |
| 120 | 17 | Amt from RI Sch D WORKSHEET line 7 | 9 | N | |
| 121 | 18 | Amt from RI Sch D line 18 column (g) | 9 | N | |
| 122 | 20 | Amt from RI Sch D WORKSHEET line 4 | 9 | N | |
| 123 | 25 | Amt from RI Sch D WORKSHEET line 16 | 9 | N | |
| 124 | 55 | Smaller of lines 53 or 54 | 9 | N | |
| | | RI Schedule J Averaging | | | |
| 125 | 1 | Schedule J line 3 | 9 | N | |
| 126 | 2 | RI Tax on RI sch J line 1 | 9 | N | |
| 127 | 3 | Schedule J line 8 | 9 | N | |
| 128 | 4 | Schedule J line 12 | 9 | N | |
| 129 | 5 | Schedule J line 16 | 9 | N | |
| 130 | 16 | Total Tax | 9 | N | |
| | | RI 1040-H Property Tax Relief | | | |
| 131 | A | legal resident flag   YES | 1 | A | X if box checked, blank if not marked |
| 132 | A | legal resident flag   NO | 1 | A | X if box checked, blank if not marked |
| 133 | B | Rent Flag  YES | 1 | A | X if box checked, blank if not marked |
| 134 | B | Rent Flag  NO | 1 | A | X if box checked, blank if not marked |
| 135 | C | Prior year Current  YES | 1 | A | X if box checked, blank if not marked |
| 136 | C | Prior year Current  NO | 1 | A | X if box checked, blank if not marked |
| 137 | D | Current Year Current  YES | 1 | A | X if box checked, blank if not marked |
| 138 | D | Current Year Current  NO | 1 | A | X if box checked, blank if not marked |
| 139 | E | Household Income  YES | 1 | A | X if box checked, blank if not marked |
| 140 | E | Household Income  NO | 1 | A | X if box checked, blank if not marked |
| 141 | 2 | Non-Taxable Interest & Dividends | 9 | N | |
| 142 | 3 | Capital Gains not included in line 1 | 9 | N | |
| 143 | 4 | Social Security and RR retirment | 9 | N | |
| 144 | 5 | Workers Comp and tax exempt pensions | 9 | N | |
| 145 | 6 | Cash public assistance | 9 | N | |
| 146 | 7 | Other non-taxable income | 9 | N | |
| 147 | 8 | Total Household Income | 9 | N | |
| 148 | 9A | Primary date of birth | 8 | N | mmddyyyy |
| 149 | 9B | Spouse date of birth | 8 | N | mmddyyyy |
| 150 | 9C | Disability switch - YES | 1 | AN | X if box checked, blank if not marked |
| 151 | 9C | Disability switch - NO | 1 | AN | X if box checked, blank if not marked |
| 152 | 9D | Number of persons in household | 2 | N | |
| 153 | 9E | Number of persons in household under 18 | 2 | N | |
| 154 | 10 | Amount of property tax paid | 9 | N | |
| 155 | 16 | Amount of rent paid | 9 | N | |

11/29/2007

# Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | Schedule III, Allocation Worksheet | | | |
|---|---|---|---|---|---|
| 156 | | NULL | | | |
| 157 | | NULL | | | |
| 158 | | NULL | | | |
| | | **Schedule V, Part Year Resident Allocation** | | | |
| 159 | | NULL | | | |
| 160 | | NULL | | | |
| 161 | | NULL | | | |
| 162 | | NULL | | | |
| 163 | | NULL | | | |
| 164 | | NULL | | | |
| 165 | | NULL | | | |
| | | **RI-6238 Lead Abatement Credit** | | | |
| 166 | 2 | Unit 1 Owner Occupant | 1 | AN | X if box checked, blank if not marked |
| 167 | 2 | Unit 1 Renter | 1 | AN | X if box checked, blank if not marked |
| 168 | 2 | Unit 1 Landlord | 1 | AN | X if box checked, blank if not marked |
| 169 | 3 | Unit 1 Removal | 1 | AN | X if box checked, blank if not marked |
| 170 | 3 | Unit 1 Reduction | 1 | AN | X if box checked, blank if not marked |
| 171 | 4 | Unit 1 Cost Incurred | 9 | N | |
| 172 | 6 | Unit 1 Maximum Credit | 9 | N | |
| 173 | 2 | Unit 2 Owner Occupant | 1 | AN | X if box checked, blank if not marked |
| 174 | 2 | Unit 2 Renter | 1 | AN | X if box checked, blank if not marked |
| 175 | 2 | Unit 2 Landlord | 1 | AN | X if box checked, blank if not marked |
| 176 | 3 | Unit 2 Removal | 1 | AN | X if box checked, blank if not marked |
| 177 | 3 | Unit 2 Reduction | 1 | AN | X if box checked, blank if not marked |
| 178 | 4 | Unit w Cost Incurred | 9 | N | |
| 179 | 6 | Unit 2 Maximum Credit | 9 | N | |
| 180 | 2 | Unit 3 Owner Occupant | 1 | AN | X if box checked, blank if not marked |
| 181 | 2 | Unit 3 Renter | 1 | AN | X if box checked, blank if not marked |
| 182 | 2 | Unit 3 Landlord | 1 | AN | X if box checked, blank if not marked |
| 183 | 3 | Unit 3 Removal | 1 | AN | X if box checked, blank if not marked |
| 184 | 3 | Unit 3 Reduction | 1 | AN | X if box checked, blank if not marked |
| 185 | 4 | Unit 3 Cost Incurred | 9 | N | |
| 186 | 6 | Unit 3 Maximum Credit | 9 | N | |
| 187 | 7 | Total Credit | 9 | N | |
| | | **RI Schedule FT RI Alternative Flat Tax** | | | |
| 188 | 20 | RI Flat Tax before other state credit | 9 | N | |
| 189 | 26 | RI Flat Tax After other state credit | 9 | N | |

## Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | W-2 information (10 occurances) | | | |
|---|---|---|---|---|---|
| 190 | 1st W-2 | Employer ID | 9 | N | ######### (9) |
| 191 | 1st W-2 | Employer Name | 35 | AN | Text |
| 192 | 1st W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 193 | 1st W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 194 | 1st W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| 195 | 1st W-2 | Employee Name | 35 | AN | Text |
| 196 | 1st W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 197 | 1st W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 198 | 1st W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 199 | 1st W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 200 | 1st W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 201 | 1st W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 202 | 1st W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 203 | 1st W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| 204 | 2nd W-2 | Employer ID | 9 | N | ######### (9) |
| 205 | 2nd W-2 | Employer Name | 35 | AN | Text |
| 206 | 2nd W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 207 | 2nd W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 208 | 2nd W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| 209 | 2nd W-2 | Employee Name | 35 | AN | Text |
| 210 | 2nd W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 211 | 2nd W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 212 | 2nd W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 213 | 2nd W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 214 | 2nd W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 215 | 2nd W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 216 | 2nd W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 217 | 2nd W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| 218 | 3rd W-2 | Employer ID | 9 | N | ######### (9) |
| 219 | 3rd W-2 | Employer Name | 35 | AN | Text |
| 220 | 3rd W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 221 | 3rd W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 222 | 3rd W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| 223 | 3rd W-2 | Employee Name | 35 | AN | Text |
| 224 | 3rd W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 225 | 3rd W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 226 | 3rd W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 227 | 3rd W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 228 | 3rd W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 229 | 3rd W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 230 | 3rd W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 231 | 3rd W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |

# Tax Year 2007 Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | | | | |
|---|---|---|---|---|---|
| 232 | 4th W-2 | Employer ID | 9 | N | ######### (9) |
| 233 | 4th W-2 | Employer Name | 35 | AN | Text |
| 234 | 4th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 235 | 4th W-2 | Box #1: Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 236 | 4th W-2 | Employee SSN (no punctuation) | 9 | N | ######### (9) |
| 237 | 4th W-2 | Employee Name | 35 | AN | Text |
| 238 | 4th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 239 | 4th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 240 | 4th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 241 | 4th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 242 | 4th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 243 | 4th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 244 | 4th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 245 | 4th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| 246 | 5th W-2 | Employer ID | 9 | N | ######### (9) |
| 247 | 5th W-2 | Employer Name | 35 | AN | Text |
| 248 | 5th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 249 | 5th W-2 | Box #1: Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 250 | 5th W-2 | Employee SSN (no punctuation) | 9 | N | ######### (9) |
| 251 | 5th W-2 | Employee Name | 35 | AN | Text |
| 252 | 5th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 253 | 5th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 254 | 5th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 255 | 5th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 256 | 5th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 257 | 5th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 258 | 5th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 259 | 5th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| 260 | 6th W-2 | Employer ID | 9 | N | ######### (9) |
| 261 | 6th W-2 | Employer Name | 35 | AN | Text |
| 262 | 6th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| 263 | 6th W-2 | Box #1: Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| 264 | 6th W-2 | Employee SSN (no punctuation) | 9 | N | ######### (9) |
| 265 | 6th W-2 | Employee Name | 35 | AN | Text |
| 266 | 6th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| 267 | 6th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| 268 | 6th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| 269 | 6th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| 270 | 6th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| 271 | 6th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| 272 | 6th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| 273 | 6th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |

## Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

| | | | | | |
|---|---|---|---|---|---|
| **274** | 7th W-2 | Employer ID | 9 | N | ######### (9) |
| **275** | 7th W-2 | Employer Name | 35 | AN | Text |
| **276** | 7th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| **277** | 7th W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| **278** | 7th W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| **279** | 7th W-2 | Employee Name | 35 | AN | Text |
| **280** | 7th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| **281** | 7th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| **282** | 7th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| **283** | 7th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| **284** | 7th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| **285** | 7th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| **286** | 7th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| **287** | 7th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| **288** | 8th W-2 | Employer ID | 9 | N | ######### (9) |
| **289** | 8th W-2 | Employer Name | 35 | AN | Text |
| **290** | 8th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| **291** | 8th W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| **292** | 8th W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| **293** | 8th W-2 | Employee Name | 35 | AN | Text |
| **294** | 8th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| **295** | 8th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| **296** | 8th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| **297** | 8th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| **298** | 8th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| **299** | 8th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| **300** | 8th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| **301** | 8th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| **302** | 9th W-2 | Employer ID | 9 | N | ######### (9) |
| **303** | 9th W-2 | Employer Name | 35 | AN | Text |
| **304** | 9th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| **305** | 9th W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| **306** | 9th W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| **307** | 9th W-2 | Employee Name | 35 | AN | Text |
| **308** | 9th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| **309** | 9th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| **310** | 9th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| **311** | 9th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| **312** | 9th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| **313** | 9th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| **314** | 9th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| **315** | 9th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |

| | | Tax Year 2007  Rhode Island Form RI-1040 & 1040H 2D Barcode Layout | | | | |
|---|---|---|---|---|---|---|
| **316** | 10th W-2 | Employer ID | 9 | N | ######### (9) |
| **317** | 10th W-2 | Employer Name | 35 | AN | Text |
| **318** | 10th W-2 | Employer Address | 35 | AN | Number/text (separate lines with commas) |
| **319** | 10th W-2 | Box #1:  Wages/Tips/Salaries | 9 | N | Number, opt. decimal |
| **320** | 10th W-2 | Employee SSN  (no punctuation) | 9 | N | ######### (9) |
| **321** | 10th W-2 | Employee Name | 35 | AN | Text |
| **322** | 10th W-2 | Name of state 1 withholding | 2 | AN | Two letter state code |
| **323** | 10th W-2 | Amount of state 1 withholding | 9 | N | Number, opt. decimal |
| **324** | 10th W-2 | Name of locality 1 withholding | 10 | AN | Text |
| **325** | 10th W-2 | Amount of locality 1 withholding | 9 | N | Number, opt. decimal |
| **326** | 10th W-2 | Name of state 2 withholding | 2 | AN | Two letter state code |
| **327** | 10th W-2 | Amount of state 2 withholding | 9 | N | Number, opt. decimal |
| **328** | 10th W-2 | Name of locality 2 withholding | 10 | AN | Text |
| **329** | 10th W-2 | Amount of locality 2 withholding | 9 | N | Number, opt. decimal |
| **330** | Trailer | | 5 | AN | value = "*EOD*" |